PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

| maintenance fee notifica | tions. | | | on copen | | | | |
|---|--|--|---|--|---|--|--|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) | | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | |
| 22446 | | 4/2009 | 0.000 | | Certific | ate of Mailing or Trans | mission | |
| ICE MILLER LLP NOV 0 9 2009 | | | | | certify that this Fe | e(s) Transmittal is being | g deposited with the United st class mail in an envelope | |
| ONE AMERICA INDIANAPOLIS | | addresse transmit | ed to the Mail Sto ted to the USPTO (| p ISSUE FEE address 571) 273-2885, on the d | above, or being facsimile late indicated below. | | | |
| 1/10/2009 CCHAU2 00000092 10629880 | | | & TRADEMISTO | | Suzam | Rosels | (Depositor's name) (Signature) | |
| 1 FC:2501 755.00 OP 2 FC:1504 300.00 OP | | | | | 11-5 | 09 | (Date) | |
| APPLICATION NO. | FILING DATE | · . | FIRST NAMED INVEN | | ATTORNEY DOCKET NO. | | CONFIRMATION NO. | |
| 10/629,880 | 07/29/2003 | 07/29/2003 Harry Leneau | | | 29792-73218 5579 | | | |
| APPLN. TYPE | SMALL ENTITY | ALURONIC ACID FOR I | PUBLICATION FEE D | T | EV. PAID ISSUE FEI | TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | YES | \$755 | \$300 | | \$0 | \$1055 | 12/04/2009 | |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | | | ***** | | |
| SASAN, ARADHANA 1615 | | | 424-452000 | | | | | |
| Address form PTO/SE "Fee Address" indi PTO/SB/47; Rev 03-0 Number is required. | ondence address (or Cha 3/122) attached. cation (or "Fee Address 2 or more recent) attack | ange of Correspondence s" Indication form hed. Use of a Customer | (1) the names of u or agents OR, alter (2) the name of a s registered attorney 2 registered patent listed, no name wil | te of a single firm (having as a member a attorney or agent) and the names of up to patent attorneys or agents. If no name is ame will be printed. | | | | |
| PLEASE NOTE: Unl recordation as set forth (A) NAME OF ASSIG | ess an assignee is iden n in 37 CFR 3.11. Com | | ** | he patent g an assig | I STATE OR COU | | locument has been filed for | |
| Please check the appropriate assignee category or categories (will not be printed on the patent): 🗖 Individual 💆 Corporation or other private group entity 🗖 Government | | | | | | | | |
| Aa. The following fee(s) a lissue Fee Publication Fee (N | 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). | | | | | | | |
| | tus (from status indicate s SMALL ENTITY stat | | ☐ b. Applicant is no | longer o | claiming SMALL E | NTITY status. See 37 C | FR 1.27(g)(2). | |
| NOTE: The Issue Fee and nterest as shown by the r | Publication Fee (if requeered of the United States | uired) will not be accepte ates Patent and Trademark | d from anyone other the Office. | an the a | pplicant; a registere | d attorney or agent; or the | he assignee or other party in | |
| Authorized Signature | Whih | Į. | | | Date No | v. 4, 2009 | | |
| Typed or printed name | | <u>Reicher</u> | | | | v. 4, 2009 53,509 | | |
| submitting the completed his form and/or suggesting | l application form to the | e USPTO. Time will vary irden, should be sent to the | depending upon the incession of the contraction of | ndividua fficer, U | I case. Any comme | ents on the amount of the emark Office, U.S. Dep | d by the USPTO to process) ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents. P.O. Box 1450. | |

Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of any st papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 0 9 2009 22446 7590 09/04/2009 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. ICE MILLER LLP ONE AMERICAN SQUARE, SUITE 3100 INDIANAPOLIS, IN 46282-0200 (Depositor's name (Signature (Date CONFIRMATION NO. FIRST NAMED INVENTOR ATTORNEY DOCKET NO APPLICATION NO. FILING DATE 5579 10/629,880 07/29/2003 Harry Leneau 29792-73218 TITLE OF INVENTION: INGESTION OF HYALURONIC ACID FOR IMPROVED JOINT HEALTH ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE SMALL ENTITY APPLN. TYPE 12/04/2009 YES \$755 \$300 \$0 \$1055 nonprovisional ART UNIT CLASS-SUBCLASS EXAMINER 1615 424-452000 SASAN, ARADHANA 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list I ICE MILLER LLP (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print of type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Leneau Holdings, LLC Jasper, MO Please check the appropriate assignee category or categories (will not be printed on the patent): Individual 🔀 Corporation or other private group entity Individual 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted: Issue Fee A check is enclosed. M Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any Advance Order - # of Copies overpayment, to Deposit Account Number (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. Authorized Signature MARK REICHEL Typed or printed name Registration No.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.